

Case Number:	CM14-0000773		
Date Assigned:	01/17/2014	Date of Injury:	09/07/2004
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a Utilization Review Report dated December 28, 2013, the claims administrator denied a request for Ambien. The applicant's attorney subsequently appealed. In a May 11, 2013 medical-legal evaluation, the applicant was described as having issues with impairment in terms of maintaining a work load, maintaining work tasks, and interacting with others. In a medical-legal evaluation of October 25, 2013, the applicant was given global assessment of functioning (GAF) of 55, owing to principal reported diagnosis of anxiety disorder. The applicant was described as using Ambien as early as January 15, 2012 and April 28, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AMBIEN 10MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Guidelines does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem (Ambien) is indicated in the short-term management of insomnia, typically in the order of two to six weeks. It is not indicated in the chronic, long-term,

and/or the scheduled use purpose which is being proposed here. Therefore, the request is not medically necessary and appropriate.